



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

HEALTH REGULATION AND LICENSING ADMINISTRATION

VERIFICATION OF LICENSURE STATUS

Verification of the status of a DC health care practitioner's license can be obtained by completing the form below and attaching a payment of **\$34.00 per license per recipient**. The check must be made payable to the DC Treasurer and mailed together with the form to:

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION VERIFICATIONS 899 North Capitol Street, NE, 1st Floor WASHINGTON, DC 20002

If the intended recipient has an electronic verification system, please provide the email information for submission.

The processing and mailing of verification request **may take up to 30 business days**. Please be advised that incomplete verification requests will greatly increase the time it takes to complete a request. If the recipient jurisdiction or institution only requires a standard letter, please make sure to include the licensee's name, date of birth, and license number in your request.

BOARD OF NURSING VERIFICATIONS

RN and LPN licensure verifications:

To submit a verification of your DC license to a state board of nursing within the U.S.: please submit your request via Nursys at www.nursys.com (all U.S. boards of nursing only accept RN and LPN verifications via Nursys).

To submit a verification of your DC license to an entity that is NOT a state board of nursing within the U.S., please submit this form and your payment of \$34 to the DC Department of Health at the address provided.

APRN licensure verifications:

To submit a verification of your DC APRN license to any entity (including all U.S. boards of nursing), please submit this form and your payment of \$34 to the DC Department of Health at the address provided.

BOARD OF MEDICINE VERIFICATIONS

Postgraduate Physician Trainees (PPTs) are not licenses therefore will **not be verified as such to any external body**. Please contact the program where the licensee was a trainee. PPT requests will be mailed back to physicians and refunded.

Each license held under one licensee that requires verification will cost \$34.00 per recipient.

Last Update: 8/24/2021





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REQUEST OF VERIFICATION OF LICENSURE STATUS FORM (Please print legibly)

	U ARE REQUESTING THE VER		
Licensee Information:			
HOW WERE YOU LICENSE	D: ENDORSEMENT	EXAMINATION	
LICENSE NUMBER (if know	vn):DATES (OF LICENSURE (if known):	
SOCIAL SECURITY #:			
YOUR NAME (if you used	another name when you we	re licensed indicate that name):	
Last Name	First Name	Middle Name	
YOUR ADDRESS:			
City:	State:	Zip Code:	
YOUR TELEPHONE NUMB	ER:	Email Address:	
•	-	lease any information, favorable or ard/entity or person listed below.	
Signature:		Date:	_
Mailing Information:			
	OM A JURISDICTION OR INSTI <mark>th Capitol Street, NE, 1st Flo</mark> c	ITUTION ATTACH THE FORM, THE PAYMENT or, Washington, DC 20002.	
NAME AND ADDRESS OF	WHERE YOU WANT THE VEI	RIFICATION SENT:	
State Board Name:			
Mailing Address:			
City:	State	: Zip Code:	

Last Update: 8/24/2021